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INSTRUCTIONS: This fappropriate. All further condicated unless corrected maintenance fee notification	orrespondence including I below or directed off	ng the	Patent, advance o	rders and notification of	f maintenance fees	will be	mailed to the current	correspondence address a	
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SQUIRE, SANI I MARITIME PL SAN FRANCISC	I I St ad tra	Ce hereby certify that the lates Postal Service Idressed to the Mai ansmitted to the USI	rtificat his Fee( with su il Stop TO (57	e of Mailing or Trans (s) Transmittal is being fficient postage for fire ISSUE FEE address (1) 273-2885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.				
		Mary M.	Pa	dilla	(Depositor's name)				
		Mari	1	2000	(Signature)				
					August (	<u>) (3</u>	, , 2010	(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTO	R ATI		RNEY DOCKET NO.	CONFIRMATION NO.	
10/575,118	01/29/2007			Geoffrey Douglas Tansley			115427.00007 9259		
TITLE OF INVENTION: 7	AXIAL FŁOW ROTA	RY BL	OOD PUMP						
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300	\$0		\$1810	08/16/2010	
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS	7				
SCHAETZLE, I	KENNEDY	3766	600-016000						
<ol> <li>Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondent Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.</li> </ol>				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Squire, Sanders & Dempsey L.L.P.					
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed to recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Thoratec Corporation  Pleasanton, California									
Please check the appropriate	e assignee category or	categor	ies (will not be pr	inted on the patent) :	Individual 🖾 C	orporati	on or other private gro	up entity Government	
4a. The following fee(s) are    Same Fee   Publication Fee (No same Advance Order - # or	small entity discount p	i)	<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.7 - 1.850 (enclose an extra copy of this form).</li> </ul>						
5. Change in Entity Status								D 1 2 2 4 1 (2)	
☐ a. Applicant claims S NOTE: The Issue Fee and P				b. Applicant is no lo				( <b>4</b> )	
nterest as shown by the reco	ords of the United Stat	es Pater	nt and Trademark	Office.					
Authorized Signature							13 , 201		
Typed or printed name	d		Registration N	lo	43,877				
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